

Director's Signature: _____

Program / Area: Drug Analysis Lab Boston, Page 1 of 4

Each employee must sign their full name under their printed name at the end of each week to confirm their hours.

Supervisors must initial the timesheet at the end of the week to confirm COM or OT hours for their staff.

Week Ending: _____

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Corbett, Kate	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature								
Supervisor Initials (for COM and OT approval)								
Dookhan, Annie	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature								
Supervisor Initials (for COM and OT approval)								
Frasca, Daniela	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature								
Supervisor Initials (for COM and OT approval)								
Gao, Xiu Ying	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature								
Supervisor Initials (for COM and OT approval)								

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Week Ending: _____

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Lawler, Michael	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature	Indicate type and amount							
Supervisor Initials (for COM and OT approval)								
McCarthy, Kevin	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature	Indicate type and amount							
Supervisor Initials (for COM and OT approval)								
Medina, Nicole	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature	Indicate type and amount							
Supervisor Initials (for COM and OT approval)								
O'Brien, Elisabeth	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments							
Employee Signature	Indicate type and amount							
Supervisor Initials (for COM and OT approval)								

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Week Ending: _____

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Phillips, Gloria _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
Piro, Peter _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
Renczkowski, Daniel _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
Saunders, Della _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							

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Week Ending: _____

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Sprague, Shirley _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
Tan, Zhi _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
Tran, Mai _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							
_____ _____ Employee Signature _____ Supervisor Initials (for COM and OT approval)	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
	Exceptions or Comments Indicate type and amount							